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# UNITED STATES DISTRICT COURT

Northern

District of

New York

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## SUMMONS IN A CIVIL CASE

V.

Commissioner of Social Security

CASE NUMBER:

TO: (Name and address of Defendant)

The Commissioner of Social Security  
Office of General Counsel  
Room 611, Altmeyer Building  
6401 Security Boulevard

**YOU ARE HEREBY SUMMONED** and required to serve on PLAINTIFF'S ATTORNEY (name and address)

an answer to the complaint which is served on you with this summons, within \_\_\_\_\_ days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

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CLERK

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DATE

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(By) DEPUTY CLERK

**RETURN OF SERVICE**

Service of the Summons and complaint was made by <b>me<sup>(1)</sup></b>	DATE
NAME OF SERVER ( <i>PRINT</i> )	TITLE

*Check one box below to indicate appropriate method of service*

**G** Served personally upon the defendant. Place where \_\_\_\_\_

\_\_\_\_\_

**G** Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were \_\_\_\_\_

**G** Returned \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**G** Other (specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STATEMENT OF SERVICE FEES**

TRAVEL	SERVICES	TOTAL
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**DECLARATION OF SERVER**

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed \_\_\_\_\_

Date

\_\_\_\_\_  
*Signature of Server*

\_\_\_\_\_  
*Address of Server*

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.